

State of Illinois  
Department of Children and Family Services

**AUTHORIZATION FOR BACKGROUND CHECK**  
Child Abuse and Neglect Tracking System (CANTS)

**For Programs NOT Licensed by DCFS**

**NOTE: Do not use this form if you are an applicant for licensure or an employee/volunteer of a licensed child care facility. Please contact your licensing representative.**

Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Gender (circle): Male Female Race: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/Apt #

City State Zip Code

List all addresses at which you have resided in the past five years:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List maiden name and/or all other names by which you have been known: (last, first, middle)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby authorize the Illinois Department of Children and Family Services to conduct a search of the Child Abuse and Neglect Tracking system (CANTS) to determine whether I have been a perpetrator of an indicated incident of child abuse and/or neglect or involved in a pending investigation. I further consent to the release of this information to the agency listed below.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please type, use bold letters or label:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(Agency Name)  
(Contact Person)  
(Address)  
(City/State/Zip)

**Mail this request to:**  
Department of Children and Family Services  
406 E. Monroe – Station # 30  
Springfield, IL 62701

